PATENT	<b>APPLICATION</b>	FEE!	DETERMIN	NOITAN	RECORD
CAILII	<b>A</b> 1 • <b>D</b> 1 • · · · · · · · · · · · · · · · · · ·	_			

Effective October 1, 2000

pplication or Docket Number

FR 920000032 US 1

		CLAIMS AS	(Column 1	41	(Colun	nn 2)		SMALL EN TYPE		OR	SMALL E	
TOTAL CLAIMS				Cottan	OGICA		RATE	FEE	Γ	RATE	FEE	
		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	ASIC FEE	710.00	
FOR				* 0			X\$ 9=			X\$18=		
TOTAL CHARGEABLE CLAIMS			\		* #					OR		
INDEPENDENT CLAIMS   minus 3 =						X40=		OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less			less than ze	ro, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	710-2
	CI	LAIMS AS	AMENDED	MENDED - PART II			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
		(Column 1)			mn 2)	(Column 3)	4	SMALL		OR 1 I	SIVIALL	ADDI-
NT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER NOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
DME	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X40=		OR	X80=	
<b>V</b>	FIRST PRESE	NTATION OF M	MULTIPLE DEI	PENDEN	IT CLAIM		1	+135=		OR	+270=	
			,					TOTAL		OR	TOTAL ADDIT. FEE	
					2)	(O-luman O		ADDIT. FEE			ADDII. PEL	
	grants (Julie - a 1 Ago - may have all that go in the Obstacle Copy of State (Julie March 1984)	(Column 1) CLAIMS	the second of the second second second		umn 2)	(Column 3	7		ADDI-	7		ADDI-
NT B		REMAINING AFTER AMENDMENT	,	NU PRE	IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		<u> </u>		X40=		OR	X80=	
L	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	NT CLAIN	<u> </u>	_	+135=		OR	+270=	
								TOTAL		OF	TOTA	
						<b>(0.1</b>	۵۱	ADDIT. FEI			ADDIT. FE	
		(Column 1	)		GHEST	(Column	3)		TARRI	7		ADDI-
NT C	1	CLAIMS REMAINING AFTER AMENDMEN		NI PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA	Т	RATE	ADDI- TIONAI FEE	1	RATE	
OME	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=	=
AMENDMENT	Independent	•	Minus	***		=		X40=		OF	X80=	
	FIRST PRES	SENTATION OF	MULTIPLE D	EPENDI	ENT CLA	М		.105	1	7	070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * TOTAL									OF	,		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" ADDIT. FEE									Of	ADDIT F		
	If the "Highest " The "Highest N	Number Previous Iumber Previously	y Paid For" (Tota	l or Indep	endent) is	the highest nu	ımber	found in the	appropriate	box in	column 1.	